U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

	For Official Use Only
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	- Andrews Control of the Control of

1. File Number U -

3. Name and address of person filing.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

4. Name, file number, and address of labor organization.

Name	ROBERT	E SPROLES	Name	STEAMFITT	ERS LOCAL	UNION NO. 614	
			Labor C	rganization Fi	le Number 5	40-884	
P.O. B	ox, Bldg., Room No., if any		P.O. Bo	x, Building an	d Room Numbe	er, if any	
Street	576 LYNDSEY		Street	3746 JACK	SON AVENUE	E	
City	BRIGHTON		City	MEMPHIS			
State	Tennessee	ZIP Code + 4 38011	State	Tennessee	· •	ZIP Code + 4	38108
5. Positi	on in labor organization.	BUSINESS MANAGER			· ·		
Ente	er appropriate data below If	, during the past fiscal year, you or your spo (except as specified in the exclu				ad any of the following inte	rests
A. Held moneta	an interest in, engaged ry value from an emplo	in transactions (including loans) with, or yer whose employees your organizati	derived inc	ome or other ents or is act	economic be	enefit of to represent.	
6. Name	e and address of Employer ((including trade name, if any).	7.a. Natu	e of Interest, 7	ransaction, or l	Income.	
Name			N/A				
Trade	Name, if any:						
P.O. B	ox, Bldg., Room No., if any						
			7.b. Amo	ınt.			
Street							
City							
State		ZIP Code + 4					
Signature							
submi	tted in this report (including	The undersigned declares, under penalty of the information contained in any accompany lief, true, correct, and complete. (See the se	ing docume	nts), has been	examined by the		

901-386-8166 Telephone Number

Name of Person Filing ROI	BERT SPROLES	File Number U -	

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business

of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: Name a. Labor Organization Trade Name, if any: b. Trust P.O. Box, Bldg., Room No., if any c. Employer Street City State ZIP Code + 4 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. N/A Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 11.b. Approximate dollar value of such dealing. City 12.a. Nature of interest held or income received. N/A ZIP Code + 4 State 12.b. Amount. C. Received from any employer (other than an employer covered under parts A and B above)

or from any labor relations consultant to			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).		14.a. Nature of payment. N/A	
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State	ZIP Code + 4		
13.b. Is the Business an Employer	or Consultant	?	14.b. Amount of payment.